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ABSTRACT

As one of the publications of the Florida Sources to Upgrade the Career Counseling and Employment of Special Students (SUCCESS) Project, this guide is designed to provide school counselors, occupational specialists, and other guidance personnel with basic information and listings of resources concerning the career guidance needs of handicapped students. This handbook addresses the special needs of students with physical disabilities. The first six of the guide's seven chapters cover the following topics: career education and physically handicapped students, developing positive attitudes toward handicapped students, counseling physically handicapped students, working with parents, working with teachers, and career planning and placement. The seventh chapter lists resources available for working with physically disabled students. A bibliography completes the handbook. (KC)

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SUCCESS FOR PHYSICALLY DISABLED STUDENTS

Sources to Upgrade Career Counseling
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SUCCESS FOR PHYSICALLY DISABLED STUDENTS

Sources to Upgrade Career Counseling
and Employment of Special Students

Project Director: Judy H. Lombana, University of North Florida

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INTRODUCTION

In recent years, state and federal legislation has mandated equal educational opportunities for handicapped students. As a result, thousands of students with various disabilities are being provided opportunities to stretch their horizons through academic competition, social interaction, and personal growth within the mainstream of public education.

Although opportunities in education and employment have undoubtedly increased in the past several years, handicapped people remain severely underemployed and undereducated in comparison with the general population. Handicapped students are not being provided the career education they need at the elementary and secondary levels. Consequently, the vast majority of these students complete school without the needed skills—vocational, personal, and social—to participate productively in society.

The responsibility for many aspects of students' career education has fallen to school counselors. Unfortunately, most counselors have had little or no training or experience in working with handicapped students. Although they are willing, many counselors feel unsure of where to begin.

The SUCCESS Project—Sources to Upgrade the Career Counseling and Employment of Special Students—is designed to provide school counselors, occupational specialists, and other guidance personnel with basic information and listings of resources concerning the career guidance needs of handicapped students. This handbook addresses the special needs of students with orthopedic, neuromuscular, or chronic health problems.

CHAPTER 1

CAREER EDUCATION AND PHYSICALLY HANDICAPPED STUDENTS

Career education is multifaceted: it encompasses occupational, social, and interpersonal roles, and it pervades the total concept of education. For handicapped students, appropriate career education is a vital link to the mainstream of society. Yet for many physically handicapped people, productive participation in the mainstream remains elusive. Parents often overprotect their physically handicapped children, fostering dependence and naiveté in social situations. Teachers frequently expect and demand less of students with orthopedic or neuromuscular disorders, thus stifling motivation and creativity. Other students avoid, devalue, overprotect, or otherwise treat their physically handicapped peers as though they were essentially "different," lowering their self-esteem and increasing their sense of isolation.

Physically handicapped students themselves often contribute to their lack of productivity by internalizing the attitudes and behaviors of others. They may have little concept of the world of work and their relation to it. They sometimes maintain unwarranted helplessness and dependence on others. Many lack social skills, either isolating themselves from their peers or responding with aggressive, manipulative behavior. They frequently lose the desire to achieve academically.

The school counselor can help physically handicapped students become more independent, both economically and psychologically. Some of this assistance will involve direct services to the students, including group and individual counseling and career planning. Other services will be directed toward parents, teachers, and other students. The counselor can work with parents to help them learn more effective ways of discipline and management. Teachers can be shown ways of modifying the classroom environment to accommodate the students without lowering academic requirements. Other students can be helped to develop more appropriate attitudes and behaviors toward their physically handicapped peers.

Types of Physical Disabilities

Before initiating a guidance program, it is important for the counselor to become familiar with the nature, history, and severity of each student's disability. The range of handicaps classified as "physical" is extensive. Although it is beyond the scope of this booklet to provide detailed descriptions of each physically handicapping condition, the following ones are among those most prevalent:

- *Cerebral Palsy*. A long-term neuromuscular condition, usually caused by damage to the brain. Spasms, lack of coordination, weakness, paralysis, and difficulty in hearing, seeing, or speaking are possible manifestations of cerebral palsy. A degree of mental retardation is often present.

- *Scoliosis.* A serious curvature of the spine. *Postural scoliosis* is often seen in girls from ten to fifteen years old; it is not progressive and can be corrected with exercises. *Structural scoliosis* may result from a complication of another disease; it is not correctable, although early detection can often prevent further curvature.
- *Juvenile Rheumatoid Arthritis.* An inflammation of the joints that affects approximately 250,000 children in the United States. In some types of the disease, fever, fatigue, and rashes accompany the swollen joints. Some 60 to 75 percent of afflicted children are free of symptoms after ten years.
- *Cystic Fibrosis.* A congenital, noncommunicable disease affecting the pancreas, respiratory system, and sweat glands. It is typified by chronic respiratory infection, pancreatic insufficiency, susceptibility to heat prostration, and fatigue. It affects 1 out of every 1,800 babies.
- *Spina Bifida.* A congenital birth defect involving failure of the vertebrae to develop around the spinal cord. The disability may range from mild (*spina bifida occulta*), in which no treatment is required, to extremely serious (*meningomyelocele*), in which the spinal cord protrudes from the backbone. Children with the more serious forms may require crutches or a wheelchair.
- *Traumatic Spinal Cord Injuries.* Injuries usually acquired in accidents. The extent of the resulting paralysis depends on the site at which the spinal cord is injured and the severity of the damage. Paralysis of both arms and both legs is termed *quadriplegia*; paralysis of the lower half of the body is *paraplegia*.
- *Muscular Dystrophy.* A general designation for a group of chronic diseases whose most prominent characteristic is the progressive degeneration of the muscles. The condition may progress rapidly or slowly and may produce severe or minimal disability; it may or may not affect life expectancy.
- *Diabetes.* A metabolic condition in which the insulin produced by the pancreas is insufficient to properly use the sugars and starches present in food. The condition can be controlled through insulin injections, a prescribed diet, and a regular routine of exercise. Visual impairment sometimes accompanies diabetes.
- *Epilepsy.* A symptom of intermittent imbalance of the electrical activity of the brain, characterized by recurring and unpredictable seizures. Seizures can be controlled with medication in approximately 80 percent of people with epilepsy.

Resource materials that provide detailed medical, psychological, and educational information on these and other physical disabilities are listed at the end of this chapter.

Characteristics of Physically Handicapped Students

As many writers have explained, there is no such thing as a "psychology of disability"; nor are there common personality

characteristics associated with people who have a specific handicapping condition. The psychosocial impact of physical disability is determined by numerous factors, such as:

- whether the disability is congenital or adventitious (occurring after birth)
- the age of onset, in the case of adventitious disabilities
- the severity of the condition
- whether or not the disability is progressive
- the attitudes and reactions of the disabled child's family
- the personality of the individual.

Individual reactions to and adjustment to a physical handicap are extremely varied. It is important for the counselor to determine each student's individual needs, characteristics, strengths, and problems rather than making assumptions on the basis of the type of disability.

In spite of this diversity of reactions, research has revealed some characteristics that generally distinguish physically disabled students from their nonhandicapped peers. In terms of psychosocial behavior, the following generalizations can be made:

- Physically handicapped students are generally less mature than their nonhandicapped age mates.
- Physically disabled students have more problems with social relationships than other students do.
- Most adventitiously disabled students progress through stages of adjustment, including denial, anger, and depression.
- Mildly orthopedically impaired persons show a greater tendency toward emotional disturbance than do those with more severe impairments.
- The suicide rate is higher for physically handicapped people than for the general population.

Although no cause and effect relationship exists, social and emotional difficulties tend to be greater among physically handicapped students than among a general school population. The counselor must be prepared to work with the students not only on developmental problems but also on adjusting to their disabilities. Additionally, to help prepare the students for the mainstream of society, including the world of work, the counselor may need to help them gain skills in decision making, social interaction, and independence. In order to accomplish these goals, the counselor will need to assume several roles:

- *a counselor for students*, to help them with adjustment, social skills, or other concerns
- *a consultant to parents*, to help them with information about available resources and in communicating with their children
- *a resource for classroom teachers*, to help them discover ways of modifying the classroom environment and/or teaching strategies in order to accommodate physically handicapped students
- *a facilitator of healthy attitudes*, to help students, teachers, and others in the school learn to view and treat physically handicapped students as individuals

- *an interpreter of data*, to help disabled students explore and understand their strengths, interests, and aptitudes, not only in academic areas but also in the world of work
- *a career planner*, to help disabled students prepare for job interviews and develop the personal, social, and interpersonal skills necessary for career success

For Further Information

Bleck, E. E., and Nagel, D. A. *Physically Handicapped Children: A Medical Atlas for Teachers*. New York: Grune, 1975.

Cruickshank, W. M., ed. *Cerebral Palsy: A Developmental Disability*. 3rd ed. Syracuse, N. Y.: Syracuse University Press, 1976.

Foster, J. C., ed. *Guidance Counseling and Support Services for High School Students with Physical Disabilities*. Cambridge, Mass.: Technical Education Research Center, 1977.

Jasper, K. *Spinal Cord Injury: Its Realities and Psychosocial Processes*. Newton Upper Falls, Maine: New England Spinal Cord Injury Foundation, 1975.

Love, H. D., and Walthall, J. E. *A Handbook of Medical, Educational, and Psychological Information for Teachers of Physically Handicapped Children*. Springfield, Ill.: Charles C. Thomas, 1977.

CHAPTER 2

DEVELOPING POSITIVE ATTITUDES TOWARD HANDICAPPED STUDENTS

Physically handicapped people are no different from others in their most basic characteristics, needs, desires, and concerns. Unfortunately, most people overlook commonalities and similarities when they encounter a physically disabled person; instead, they tend to view the person solely in terms of the handicap and to assume that the handicap makes the person essentially "different"—and, therefore, inferior.

Students with physical handicaps are seldom treated naturally by other students. A great deal of research has indicated that children with physical handicaps are generally rejected by their peers; furthermore, awareness of physical differences and the beginnings of rejection can be observed in children as young as four. Often, discrepancies exist between stated attitudes and actual behavior in regard to physically handicapped students. Children may express positive feelings toward orthopedically handicapped students, for example, but continue to reject them as friends. Generally, students with the most visible handicaps suffer the most rejection. Thus, a student with a chronic heart problem is less likely to be rejected than a student in a wheelchair.

The effects of avoidance, pity, overprotection, or rejection can be devastating to the physically handicapped student. Fortunately, negative or stereotypical attitudes can be changed, and the school counselor is in an ideal position to accept the rewarding task of creating a climate in which students are accepted and enjoyed by their peers as individuals, regardless of their particular disability.

Most efforts at fostering positive attitudes toward handicapped people have focused on increasing contact between handicapped and nonhandicapped people, providing individuals with cognitive knowledge about handicaps, or exposing nonhandicapped people to disabilities through experiential activities. The most successful programs have relied on a combined approach.

Information about specific handicaps should be strictly factual, and it should be accompanied by opportunities for personal learning. The opportunity to examine and use physical aids such as wheelchairs, prostheses, or braces will help students satisfy their natural curiosity, reduce their fear and anxiety concerning unfamiliar items, and learn to view the aids as part of the natural environment. Many local agencies, organizations, and hospitals are willing to provide such equipment on loan. Because physical aids can appear formidable or morbid out of context, it is better to demonstrate them in conjunction with a related story or film.

Bibliotherapy is an excellent means of presenting information while involving students in the feelings and daily routines of physically handicapped people. Numerous excellent books about people with physical handicaps are available for students of all ages. Several resources that provide lists of books, critical reviews, and suggestions for use are included at the end of this chapter.

Students can be helped to understand the ramifications of physical disabilities through simulated experiences. Filmed vignettes and unfinished stories can introduce role-playing exercises. Having students spend part of a day in a wheelchair or on crutches helps them understand the difficulties and coping mechanisms of physically handicapped students. Such activities promote awareness of environmental barriers, facilitate discussion of issues such as independence and responsibility, and foster understanding of the effects of prejudice and stereotypical views.

Many experiential exercises can be modified from materials designed for other purposes. The resources listed at the end of this chapter offer excellent ideas, including strategies for designing workshops.

The methods used to impart information, the interest level of materials, and the appropriateness of simulation activities can help determine whether an attitudinal change program is well received and effective. Books, films, and other information about disabilities should be factual and the message personalized as much as possible. The counselor should evaluate materials carefully to ascertain that the level of information is appropriate, that the interest level is high, and that the time frame is reasonable for the attention span of the audience.

In developing simulation activities, the focus must remain on maximum involvement of the participants. Students or teachers should have opportunities to examine their own beliefs, to participate in role reversals, and to make a public commitment to an attitude. Imagining that one has a disability is far less effective than actually experiencing immobility or loss of physical coordination. The counselor's primary responsibility in simulation activities is to facilitate participants' self-exploration, analysis, and insight, so that resulting attitude change develops from within and is incorporated into the person's system of values.

For Further Information

Bibliotherapy

Baskin, B. H., and Harris, K. H. *Notes from a Different Drummer: A Guide to Juvenile Fiction Portraying the Handicapped.* New York: R. R. Bowker, 1977.

Dreyer, S. S. *The Bookfinder: A Guide to Children's Literature about the Needs and Problems of Youth Aged Two to Fifteen.* Circle Pines, Minn.: American Guidance Service, 1977.

National Easter Seal Society. *Books about Persons with Handicaps.* Chicago: National Easter Seal Society, 1978.

Oakley, M. C. "Juvenile Fiction about the Orthopedically Handicapped." *Top of the News* 920 (1973), 57-68.

Zaccaria, J. S.; Moses, H. A.; and Hollowell, J. S. *Bibliotherapy in Rehabilitation, Educational, and Mental Health Settings.* Champaign, Ill.: Stipes Publishing Co., 1978.

Experiential Exercises

Barnes, E.; Berrigan, C.; and Biklen, D. *What's the Difference? Teaching Positive Attitudes toward People with Disabilities.* Syracuse: Human Policy Press, 1978.

Bookbinder, S. R. *Mainstreaming: What Every Child Needs to Know about Disabilities.* Providence, R. I.: Rhode Island Easter Seal Society, 1978.

Cleary, M. E. *Please Know Me as I Am: A Guide to Helping Children Understand the Child with Special Needs.* Wellesley, Mass.: Massachusetts Association for Children With Learning Disabilities, n.d.

Fix, D., and Rohrbacher, J. H. "What Is a Handicap? The Impact of Attitudes." *Personnel and Guidance Journal* 56 (1977), 176-78.

Ross, R. E., and Freelander, I. R. *Handicapped People in Society: A Curriculum Guide.* Burlington, Vt.: University of Vermont, 1977.

Ward, M. J.; Arkell, R. M.; Dahl, H. G.; and Wise, J. H. *Everybody Counts.* Reston, Va.: Council for Exceptional Children, 1979.

CHAPTER 3
COUNSELING PHYSICALLY HANDICAPPED STUDENTS

Physically handicapped students may require periodic counseling for the normal developmental concerns they share with other students. They may also require additional counseling for their unique concerns. It is important for the counselor to understand the kinds of concerns these students face in order to be prepared to devise appropriate counseling strategies.

All disabled persons must develop a psychological acceptance of their physical limitations as a prelude to the creation of a healthy self-concept. Adjustment may be particularly difficult for adolescents because of their characteristic struggle for identity amid physiological and psychological changes. The disabled teenager's personality consists of both the self s(he) would like to be and the self that is characterized by feelings of insecurity, conflicts, and frustration. Physical impairments such as limps may become more noticeable as the student matures, and progressive disabilities may begin to have an increasing psychological, as well as physiological, impact on the adolescent.

Adolescents who are experiencing difficulty adjusting to their disability may react in several different ways. They may feel that they have no control over their environment and become severely depressed. Such depression is sometimes termed "learned helplessness" (Seligman, 1975) because of its self-perpetuating nature. It has been suggested that the counselor should clarify the misconceptions that underlie the depression and help the student gain a sense of control. The student must be helped to focus on areas of competence and to make the most of his or her remaining abilities. In order to help the student face the self-defeating nature of depression, the counselor may need to employ confrontive, cognitively oriented methods, such as those employed in Ellis's rational emotive therapy.

Some students, particularly those with orthopedic disabilities, may express feelings of alienation and become socially aloof. For students who exhibit degrees of anxiety, conflict, and defensiveness, peer counseling by another disabled student may be more effective than assistance by a professional. The counselor's role then becomes that of a trainer. Well-adjusted disabled students who are interested in helping their peers through difficult times can be taught basic helping skills; their experience with adjustment can be a vital therapeutic and rehabilitative force.

All physically handicapped people undergo the process of adjusting to their handicap, and this adjustment process may be as varied as the individuals themselves. Students who experience a sudden traumatic disability such as a spinal cord injury may proceed through several stages of psychological reaction, including the following:

- *Denial.* The unconscious blockage of reality is a typical first reaction to sudden disability. Temporary denial helps the individual keep from being overwhelmed by threat. Long-term denial is counterproductive, however, because the person may refuse rehabilitative efforts, insisting that time will solve the problem.

- *Mourning*. The stage of mourning may be characterized by hostility and depression. Patients may lash out at hospital personnel; students may demonstrate overt hostility toward their classmates and teachers. Depression, or learned helplessness, often follows.
- *Adjustment*. As they emerge from hostility and depression, disabled people begin to examine their strengths as well as their weaknesses and to direct more energy toward what they can do rather than what they cannot do.

The school counselor is unlikely to encounter students who are still in the denial stage; most students who are still experiencing adjustment problems will be in the mourning stage. Whatever techniques are employed, a critical first step is to gain the student's trust. If the student is hostile, it is especially important to demonstrate unconditional caring and acceptance, which may enable the student to conclude that s(he) is likable as a person regardless of his or her physical condition.

The counselor can use the following specific suggestions to help students through the adjustment process:

- Introduce students to fictional and nonfictional accounts of disabled individuals who have learned to cope with their impairment. Bibliotherapy may help students understand that their problems are not unique and recognize ways they can cope with their disability. Keep a file of books, magazine articles, and newspaper clippings for this purpose.
- Provide opportunities for students to reduce their dependency by improving their competence in daily living skills. Inform them of booklets, aids, and devices that can help.
- Provide opportunities for students to participate in extracurricular activities.
- Use role-playing, feedback, and group discussions to help students improve their social skills. Knowledge and skills in areas such as grooming and social etiquette may need to be taught directly.
- Establish a peer tutoring program and provide opportunities for students to give academic assistance to other students, disabled and nondisabled.
- Introduce students to community advocacy groups engaged in seeking to remove physical and attitudinal barriers facing the disabled.

CHAPTER 4
WORKING WITH PARENTS

In many instances, working with the student's parents may be more appropriate and effective than counseling the student. Unfortunately, circumstances may mitigate against such partnerships. Schools equipped to provide for physically handicapped students often serve very large geographic areas; thus, parents must travel long distances in order to attend any function at the school. Some counselors have solved this problem by taking their programs to parents through community or church facilities.

Parents of physically handicapped students frequently have difficulty in maintaining appropriate discipline and/or in fostering independence in their children. Such parents may conclude that the child has enough burdens to face without having to consider the future or to assume responsibility for inappropriate behavior. Such action—or lack of it—does disservice to the child and further burdens the parents. In order to help their children become self-supporting members of society, parents need to instill responsibility, decision-making skills, and independence in their children at an early age. They need to be able to communicate effectively with their children and to understand and accept the child's problems while maintaining their own rights as individuals.

Parent Education Programs

In order to foster positive parent-child interaction, the counselor can conduct small-group sessions that include lectures, films, discussions, and role-playing. The counselor serves as an active leader, modeling appropriate communication behaviors while facilitating group interaction.

In recent years an increasing number of parent training packages have been developed commercially. Although few of these programs focus specifically on the problems facing parents of handicapped students, most are applicable to *all* parents who need to improve communication with their children.

One of the advantages of such packages is that they are highly structured and very specific in terms of instructional procedures. Generally, counselors can successfully implement such programs without prior experience with parent groups.

Most parent education programs fall under one of two models: behavior modification and parent-child communication. Neither approach has proven superior in terms of effectiveness with parents. The selection of a particular model is usually made on the basis of the identified needs of the parents and the counselor's orientation.

Behaviorally oriented programs stress step-by-step instruction in dealing with particular situations. Most of the commercially packaged programs include outlines, guides, examples, and/or films, which are designed to facilitate the practice of specific skills.

Communication programs and techniques focus primarily on the interaction between parent and child rather than on remediation of

particular problems. Some programs use an Adlerian approach, while others are built on a Rogerian model.

A number of the most widely used behavioral and communication programs are listed at the end of this chapter.

Materials for Counselor Inservice

Many counselors have expressed a need for resource materials that will enable them to prepare themselves for organizing parent groups and to select parent education books and materials wisely. Although it is beyond the scope of this handbook to provide training in group skills or to give detailed information on the various parent education programs, the books and articles listed at the end of this chapter will be helpful. Additional sources of information on parent education are included in the Bibliography.

The outcome of parent education often depends on the counselor's ability to plan. The topics for a training program should be generated through an assessment of parents' needs. During the implementation of the program, counselors can help ensure success by following these suggestions:

- The group should be structured so that parents understand the purposes of each session in order to ensure that participants remain on task.
- Feedback should be used to help parents understand the impact of their behavior on their children.
- In order to maximize group involvement, the counselor can redirect questions by asking for responses from other participants.
- The counselor should avoid asking questions that call for yes or no responses; open-ended questions are more conducive to thought-provoking discussions.
- Brainstorming is an effective device for allowing parents to offer each other suggestions regarding a particular problem.
- Obtaining commitments for action to be taken prior to the next session gives parents the opportunity to try out newly learned behaviors with a significant degree of supervision and group support.

Although parent education is not a solution to all parent problems, it does have several obvious advantages over individual contacts. It is beneficial for parents to realize that they are not the only ones with a particular problem; parents of handicapped children frequently feel isolated. Secondly, feelings of guilt or anger can be alleviated when they are expressed in a group. Also, parents can share solutions. Knowing that other parents have resolved a particular problem often makes proposed solutions seem more feasible. Finally, more parents can be reached in a group than individually. Parent education offers an efficient use of time and frees the counselor for more opportunities to work with those who most need individual assistance.

For Further Information

Counselor Inservice

Andrasik, F., and Murphy, W. D. "Assessing the Readability of Thirty-nine Behavior Modification Training Manuals and Primers." *Journal of Applied Behavior Analysis* 2 (1977), 2-5.

Bernal, M. E., and North, J. A. "A Survey of Parent Training Manuals." *Journal of Applied Behavior Analysis* 11 (1978), 533-44.

Glasgow, R. E., and Rosen, G. M. "Behavioral Bibliotherapy: A Review of Self-help Behavior Therapy Manuals." *Psychological Bulletin* 85 (1978), 1-23.

Lamb, J., and Lamb, W. *Parent Education and Elementary Counseling.* Garden City, N. Y.: Doubleday, 1977.

Miller, W. *Systematic Parent Training: Procedures, Cases, and Issues.* Champaign, Ill.: Research Press, 1975.

Sweeney, T., and Moses, M. D. "A Parent Education Topical Bibliography." *School Counselor* 26 (1979), 254-63.

Parent Programs

Behavioral:

Becker, W. C. *Parents as Teachers: A Child Management Program.* Champaign, Ill.: Research Press, 1971.

Gosciewski, W. *Effective Child Rearing.* New York: Human Sciences Press, 1976.

McDowell, R. L. *Managing Behavior: A Parent Involvement Program,* Torrance, Calif.: B. L. Ulinch, Inc.

Miller, W. H. *Systematic Parent Training.* Champaign, Ill.: Research Press, 1975.

Patterson, C. R., and Guillion, M. E. *Living with Children: New Methods for Parents and Teachers.* Champaign, Ill.: Research Press, 1975.

Communication:

Dinkmeyer, D., and McKay, G. *Systematic Training for Effective Parenting (STEP).* Circle Pines, Minn.: American Guidance Service, 1976.

Dreikurs, R. *Children: The Challenge.* New York: Hawthorn, 1964.

Ginott, H. *Between Parent and Child.* New York: Avon, 1971.

Gordon, T. *Parent Effectiveness Training.* New York: Peter H. Wyden, 1970.

CHAPTER 5
WORKING WITH TEACHERS

Students with orthopedic or neuromuscular disabilities may require modifications in the physical arrangement of the classroom or in teaching methods in order to be successful. In some cases, the classroom teacher may not be aware of ways to accommodate the student and may tend to reject the student. If teachers can be shown ways to help students become physically integrated into the classroom without drastically altering their routine, they are more likely to be accepting of these students. The teacher's acceptance will, in turn, be reflected in the attitudes of other students in the class.

Counselors can work with teachers to modify the classroom environment for physically disabled students. Different types of modifications will be required for students with varying handicaps. Since many students require orthopedic appliances such as braces, crutches, or wheelchairs, teachers and counselors need to become familiar with the construction, use, and classroom limitations of these physical aids.

Many handicapped students wear braces of one type or another. Short leg braces are designed to support the foot and ankle only. They come up to the knee and are usually made with a stop, which keeps the ankle bent and prevents the foot from dragging. Long leg braces go up to the thigh; they are designed not only to support the foot but also to brace the knee. If the student requires stability at the hip joint, the brace may include a pelvic band, which encircles the trunk below the waist. Some students, especially those with scoliosis, need to wear one of several types of back braces that cover the trunk and hold the back straight.

Students who wear braces are deliberately limited in their physical activities. Because the braces are heavy and may prevent flexibility of the spine, students move slowly and clumsily. There is no need to add to the restriction of their movements, however. In general, students in braces should be allowed to try all physical activities that they are willing to attempt.

A student may be able to walk only with the aid of crutches. The student who requires maximum support may use the conventional, full-length crutch, which comes just below the armpits. The triceps crutch has a hand support and a cuff that clamps around the upper arm; it provides less support than the full-length crutch. The forearm crutch provides only slightly more support than canes. It has a handrest and a cuff that fits around the forearm. The forearm crutch is primarily used for stability and balance rather than for weight-bearing.

The student who uses crutches should be seated to the side of the room, close to a table. When the student is seated, the crutches should be laid on the floor, under the table. In this way, they will be accessible to the student yet out of the way of others. Crutches should never be taken away from the student and stored in a closet or some other remote place.

Wheelchairs vary in design in order to meet different needs; however, most share some common characteristics. They usually have larger wheels in the back, which means they are easy to steer but also likely to tip forward when the smaller front wheels meet an obstacle. The chair must be tipped onto the back wheels on rough ground or in order to cross a threshold. Most wheelchairs have two brakes, one on either side. The brakes should always be locked when the wheelchair is not supposed to move.

In the classroom, a student in a wheelchair needs adequate space to move between desks. Tables and desks should allow the wheelchair to fit underneath, although some students may prefer to use a lapboard. A helpful resource for teachers and counselors in becoming familiar with various orthopedic appliances is provided by Venn, Morganstern, and Dykes (1979).

Modifications in instructional procedures and physical facilities necessarily vary according to the age range, subject matter, and physical limitations represented. Resource materials that deal specifically with modifications for various physical disabilities are included at the end of this chapter.

The following *general* guidelines for modifying the classroom for physically handicapped students will be useful:

- Adjustable tables should replace immovable seating equipment.
- Overhead projectors provide a larger and more easily read image than materials on a chalkboard.
- A closed-circuit videotape television with a large screen allows for easy viewing throughout the room and provides a means for repeating information.
- Nonskid floors are essential for students who use crutches.
- A duplicate set of textbooks and other supplies will eliminate the problem some students may have carrying materials between home and school.
- Classmates can eliminate note-taking problems by making carbon copies of class notes.

The role of the counselor with classroom teachers extends beyond providing information and resources about classroom modification. Some of the other ways that counselors can be helpful include conducting inservice sessions, serving as a liaison with the administration regarding teacher stress, and acting as a trouble-shooter for specific problems.

Inservice for Teachers

Special education personnel can be helpful resources to the regular classroom teacher, particularly concerning modifications in teaching strategies and physical facilities. Yet teachers also have concerns that relate primarily to the affective or behavioral characteristics of physically handicapped students. In these areas, the counselor is the logical resource person. Among the topics of teacher concern that lend themselves to inservice training are the following:

- recognizing different types of physical disabilities and understanding the impact of the disability on the student's per-

sonal, social, and academic development
- learning productive ways of communicating through conferences with parents of physically disabled students, many of whom have had negative experiences with school personnel
- understanding and correcting the harmful effects of labeling, segregation, and negative attitudes of both adults and youths toward physically handicapped students
- learning to implement specific classroom management techniques to cope with physically handicapped students who refuse to participate, who are unnecessarily demanding, or who are disruptive.

Liaison Concerning Teacher Stress

Virtually all school personnel have undergone substantial role changes as a result of P.L. 94-142. The greatest changes in roles and responsibilities, however, have fallen to the regular classroom teacher. Like counselors, most regular teachers have had no training or experience to prepare them for the mainstreaming of handicapped students; yet it is they who are ultimately held accountable for these students' classroom experience. In many cases, classroom modifications are few and inconsequential; in other situations, however, the teacher must cope with a new array of experiences, characteristics, and problems. The resulting intense emotional stress has caused many teachers to leave the profession; others remain on the job but respond to extreme stress by "burning-out." According to one study (Bensky, Shaw, Gouse, Bates, Dixon, and Beane, 1980), the most prevalent sources of stress include pupil load, teaching modifications, work after hours, interaction with parents about placement decisions, and parent conferences.

Teachers who burn-out represent a particularly great loss because of the pervasive influence of their attitudes on students and other staff members. The burned-out teacher is often characterized by an "I don't care" attitude, which is a protective device to counter the possibility of physical or emotional illness. Stress and burnout can be prevented, however, if appropriate steps are taken. The most effective measures include the following:

- *Reduce the amount of continuous direct contact with students.* Team teaching, classroom aides, and varied responsibilities are means of allowing the teacher to withdraw temporarily.
- *Reduce the amount of responsibility the classroom teacher must assume for each student.* Individual Education Programs should designate a variety of individuals to be responsible for the attainment of various objectives.
- *Establish honest, valued, and workable reward systems to acknowledge creative or exemplary teaching.* Teachers often become demoralized because they find few extrinsic rewards for their efforts, and in working with disabled students intrinsic rewards may accumulate very slowly.
- *Provide opportunities for teachers to develop new skills, learn new subjects, and rejuvenate their professional interests.* In

order to feel productive, teachers need to feel that they are growing personally and professionally. Conventions, workshops, sabbaticals, *voluntary* inservice, and educational travel are ways of providing a needed change of pace.

Although counselors generally have little control over the environmental factors that cause emotional stress and burnout, they can use their knowledge of human behavior and their faculty contacts to make everyone in the school aware of stressful conditions. Teachers often ignore personal signs of stress for too long, not recognizing its symptoms. It is the responsibility of administrators to make organizational changes to combat teacher stress; however, they may need the counselor to provide information and serve in a liaison capacity.

Trouble-shooting for Specific Problems

Individual conferences with teachers, whether formal or informal, provide opportunities for counselors and faculty to work together to alleviate specific problems. If the counselor is skilled in certain areas of problem solving and can project both an image of expertise and personal warmth and friendliness, s(he) has a good chance of being a successful consultant to teachers. The process of consultation is beyond the scope of this handbook. However, the reader may want to refer to several resources included in the Bibliography, particularly those by Caplan (1970), Dinkmeyer and Carlson (1973), and Kurpius and Brubaker (1976).

Among the problems the teachers may encounter with regard to handicapped students are the following:

- *Academic Standards.* Generally, physically disabled students are expected to acquire the same knowledge of subject matter as their classmates. The teacher is expected to modify teaching or testing procedures as needed. The counselor and teacher can work together to clarify the various aspects of an instructional standards problem and perhaps develop general guidelines for the school.
- *Underestimation of Abilities.* Pity leads to lowered expectations; lowered expectations, in turn, result in reduced achievement and, ultimately, lack of motivation and overdependence on others. This "self-fulfilling prophecy" has been found to hold true in numerous studies of handicapped students in the classroom. The teacher needs to be shown how expectations affect achievement and how to obtain a true measure of students' academic potential without being biased by stereotypical ideas.
- *Grading for Sympathy.* Related to the "underestimation of ability" syndrome is a common phenomenon whereby teachers award higher grades than a student earns. Often, teachers feel that they are helping improve a student's self-esteem by making grading exceptions; in some cases, teachers may award too-high grades as an unconscious apology for the student's physical problem. In either situation, a disservice is done in the long

run. The student may become an adept "con-artist" and view grades as a prize for manipulation rather than as a measure of achievement.

Numerous other situations may present themselves to the classroom teacher, who, in turn, may seek the listening and problem-solving skills of the counselor. Often, the counselor's work with the classroom teacher is more effective in promoting a mentally healthy and forward-looking student than direct intervention with the student would be. In the past, the counselor's consultative function has been minimal, in spite of reams of literature urging such a role. There is increasing evidence that classroom teachers now *expect* the counselor to consult with them regarding handicapped students. It is vital that the counselor be ready.

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CHAPTER 6
CAREER PLANNING AND PLACEMENT

Physically handicapped people suffer from an enormous amount of job discrimination. Even very highly educated disabled workers cannot achieve economic independence. In one study (Rosenberg, 1978), only 65 percent of moderately or mildly physically handicapped adults who had received postsecondary education were employed full time. The individuals who had the highest rates of employment were not the college graduates but those who had received vocational training after high school.

The Rosenberg study is one of many that illustrate the problems inherent in overeducation. The U.S. Office of Education has estimated that four out of five jobs created in the 1970s require vocational or technical training but not a college degree. Further, the majority of these jobs are equal to jobs requiring college degrees in terms of personal satisfaction, social contribution, salaries, and advancement potential.

Too often, physically handicapped students are guided into college programs with little regard for their academic potential or career interests. Such problems are further compounded by the physical and attitudinal barriers they face on the job and within higher education. As Haber (1979) has pointed out, the physical requirements for many jobs are unrealistic and unnecessary, resulting in further discrimination. Although Section 504 of the Rehabilitation Act does protect the needs of handicapped persons regarding accessibility to higher education, the law does not mandate certain services, such as attendant care, that many physically disabled people need.

In order to help physically handicapped students prepare to enter the world of work, counselors will need to provide them with realistic information about expected discrimination, competition, and barriers, both physical and attitudinal.

Career Awareness Needs

Since many physically handicapped students may have little concept of the roles and responsibilities of workers, the counselor's first responsibility is to introduce students to the world of work and begin the development of appropriate personal and interpersonal skills and work habits. Kokaska (1978) has identified six broad areas of competence that are appropriate for elementary students' career education. The following four skill areas may be an appropriate career development focus for physically handicapped students during their teenage years:

- *Social Interaction.* A major reason for job failure by handicapped workers can be traced to social attitudes and inappropriate behaviors rather than to a deficiency in work skills.
- *Work Skills.* Following directions, selecting appropriate materials, organizing, and completing work assignments are skills that physically handicapped students may not have developed because of frequent school absences and/or lower

expectations by teachers and parents.

- *Decision Making.* Many physically handicapped students have been so emotionally dependent on others that they have not experienced decision-making processes and consequences. Numerous career decision-making packages and materials are available to help counselors provide these vital experiences.
- *Self-evaluation.* Self-knowledge and acceptance are important determinants of an individual's success in academic or career pursuits. Physically handicapped students need to become adjusted to their disability and to be able to assess their own strengths, limitations, and ambitions.

In order to help students develop positive self-perceptions, counselors can employ a variety of affective and ego-strengthening techniques, such as self-concept games, role-playing, and hands-on career awareness exercises. The counselor should focus on the student's strengths rather than his or her liabilities and develop opportunities for the student to demonstrate these strengths through structured work experience.

Assessment of Vocational Interest and Maturity

The vast majority of physically disabled students have vocational interests and aptitudes that are not unlike those of their peers. Their interests can be assessed by instruments such as the *Kuder Preference Record* or the *Strong Campbell Interest Inventory*, using the same procedures employed with other students. Two instruments that may be particularly appropriate for physically disabled students are the *Career Maturity Inventory* and the *Work Values Inventory*. Both devices are designed to examine vocational aptitude from the standpoint of competencies and orientation toward work. Since many physically disabled students lag several years behind other students of the same age, it is important to assess their readiness for vocational exploration and training.

The Career Maturity Inventory (CMI) (California Test Bureau/McGraw-Hill; Del Monte Research Park; Monterey, CA 93940) estimates the maturity of a student's attitudes and competencies and determines the need for career advisement. The CMI consists of two major parts: the Attitude Scale and the Competency Test. The Attitude Scale covers five areas: Involvement in the Choice Process, Orientation toward Work, Independence in Decision Making, Preference for Career-choice Factors, and Conceptions of the Choice Process. The Competency Test has five dimensions: Self-appraisal, Occupational Information, Goal Selection, Planning, and Problem Solving. A total of two hours is required for the entire test.

Super's Work Value Inventory (WVI) (Houghton-Mifflin, Inc.; 2 Park Street; Boston, MA 02107) is designed to assess work values concerning career choices and job satisfaction. The WVI consists of 45 statements that measure value judgment. The reading level is relatively low, and the test requires only twenty minutes to complete. Fifteen values are measured, including altruism, creativity, intellectual stimulation, achievement, independence, prestige, economic returns, and security.

Assessment of Vocational Aptitude

In assessing vocational aptitude, situations that closely resemble actual working conditions are most beneficial. The work-sample approach gives the student a realistic task to accomplish with appropriate tools or materials. The advantages of work samples include the following:

- They provide direct, hands-on experience.
- They encourage active consideration of job interests.
- They offer a realistic method of job exploration.
- They provide an alternative to traditional verbal activities.
- They provide opportunities for students to examine their own work habits, interpersonal relations, and attitudes toward cooperation and competition.
- They allow the counselor to identify and encourage a student's strengths.
- They bring the "real world of work" into the school and motivate students to increase skills in other areas.
- They can serve to build self-confidence.

Examples of work-sample packages that have been developed for both regular and special needs populations include the Singer Vocational Evaluation System (SINGER); the Wide Range Employment Sample Test (WREST); the Valpar Component Work Sample System (VALPAR); and Testing, Orientation, and Work Evaluation in Rehabilitation (TOWER).

The various evaluation systems were designed to meet different needs, and each has its own strengths and limitations. Additionally, the programs are expensive. Counselors should examine such programs carefully before determining one which will best meet the needs of students in a given school or district. Detailed information on each program is available from the publishers; additionally, the Materials Development Center of the University of Wisconsin-Stout provides a number of useful pamphlets that describe and compare various systems. Addresses for the Center and for publishers of the programs mentioned here are provided at the end of this chapter.

Educational and Vocational Placement

Several years ago, the Bureau for the Education of the Handicapped established a goal that "by 1977 every handicapped child who leaves school has had career educational training relevant to the job market, meaningful to his career aspirations, and realistic to his fullest potential" (U.S. Department of Health, Education, and Welfare, 1973). Unfortunately, that goal has yet to be reached. Thousands of handicapped students remain ill-prepared to enter the job market; even those students who are prepared have often been denied access to suitable jobs because of the hesitancies and irrational fears of employers.

School counselors can help physically disabled students secure appropriate vocational placement in several ways:

- *Assist students with the mechanics of job seeking, including writing resumes and interviewing.* Classroom discussions, role-

playing, and presentations by local employers are examples of strategies that counselors can use to help students develop needed skills.

- *Inform students of their legal rights.* Various pieces of federal legislation address the career and educational needs of handicapped people, but students are often ignorant of their legal rights. P.L. 94-142 guarantees a "free, appropriate education" to all handicapped youth through the age of twenty-one. Section 504 of the Rehabilitation Act of 1973 (P.L. 93-112) makes it illegal for employers to exclude disabled applicants from employment solely on the basis of their handicaps. Students should be informed of the various provisions of these laws and given practice in assertive ways of coping with possible discriminatory practices.
- *Encourage employers to give handicapped workers a chance.* School counselors need to help employers focus on the *abilities*, rather than the *disabilities*, of students. This change in focus is more readily accomplished when employers are given opportunities to view students within a positive, achievement-oriented framework. Science fairs, school/business communication programs, and other activities offer opportunities for students and employers to interact and to dispel prevailing myths about handicapped workers. The counselor can also help by enlisting the support of one or more employers who have successfully employed handicapped people, since they are often the most effective and enthusiastic advocates. Employers of handicapped individuals can help reassure others that, contrary to stereotypical thinking, insurance, safety, and medical costs are not higher when handicapped workers are employed.
- *Become informed and encourage colleagues to develop their knowledge of career information for handicapped people.* Involvement in professional associations is one way to increase skills and information as well as to share concerns and interests with other professionals. Two recently formed organizations are the National Association of Vocational Education Special Needs Personnel (NAVESNP), a subgroup of the American Vocational Association, and the Division on Career Development (DCD) of the Council for Exceptional Children. Both groups are active in disseminating career information on legislation, projects, research, techniques, and training materials concerning handicapped people.

For Further Information

Materials Development Center Information Service
Stout Vocational Rehabilitation Institute
University of Wisconsin-Stout
Menomonie, WI 54751

Singer Vocational Evaluation System
Singer Education Division
Career Systems
80 Commerce Drive
Rochester, NY 14623

Testing, Orientation, and Work Evaluation in Rehabilitation
LCD Rehabilitation and Research Center
400 First Avenue
New York, NY 10010

Valpar Component Work Sample System
Valpar Corporation
655 North Alvernon Way, Suite 108
Tucson, AZ 85716

Wide Range Employment Sample Test
Guidance Association of Delaware, Inc.
1526 Gilpin Avenue
Wilmington, DE 19806

CHAPTER 7
RESOURCES

The resources in this chapter can serve counselors working with physically disabled students in a variety of ways. Professional associations and journals provide the counselor with up-to-date information about techniques and services. Parents welcome books and other materials that help them learn more about their child's disability and that provide support and practical suggestions. Students can develop understanding and acceptance from films and books that portray physical disabilities realistically.

Directories of Services and Materials

College Guide for Students with Disabilities
Abt Publications
55 Wheeler Street
Cambridge, MA 02138
1976

Provides detailed information on higher-education facilities and services for students with physical disabilities, including the accessibility of individual colleges and support services available.

Directory for Exceptional Children
Porter Sargent Publications
11 Beacon Street
Boston, MA 02108
1977

Lists and describes schools and treatment centers for children and young adults with many types of handicaps. It includes state, private, residential, and day programs.

Directory of National Information Sources on Handicapped Conditions and Related Services
Superintendent of Documents
U.S. Government Printing Office
Washington, DC 20402
1976
Order No. 017-000-00196-5

Describes the activities and services of numerous organizations and federal information sources regarding various handicapping conditions.

Directory of Organizations Interested in the Handicapped
Committee for the Handicapped
People-to-People Program
1028 Connecticut Ave., NW #610
Washington, DC 20036
1976

Lists more than 100 national organizations concerned with training, treatment, devices, and procedures to assist handicapped people.

Yearbook of Special Education
Marquis Academic Media
200 East Ohio Street
Chicago, IL 60611

A potpourri of information gathered from many sources. Includes educational programs, legislation, state programs, and statistical information.

Books and Films for Students and Parents

Blank, J.P. *Nineteen Steps up the Mountain: The Story of the DeBolt Family.*
New York: J.B. Lippincott Company, 1976.

An inspiring true story of a family who adopted a number of handicapped children and taught them independence and pride in themselves.

A Day in the Life of Bonnie Consolo
Arthur Barr Productions, Inc.
Box 7C
Pasadena, CA 91104
16-mm color film, 16 minutes

A very inspiring film about a woman who was born without arms. She is able to completely care for her family and radiates a positive philosophy.

Get It Together
Pyramid Films
Box 1048
Santa Monica, CA 90406
16-mm color film, 20 minutes

The story of Jeff Minnebraker, who is paraplegic as the result of a car accident. Confined to a wheelchair, Jeff is an inspiration to others in his job as a recreation therapist.

Gordon, S.
Living Fully: A Guide for Young People with a Handicap, Their Parents, Their Teachers, and Professionals.
New York: John Day, 1975

An upbeat, positive guide for handicapped youngsters, designed to encourage them to make the most of life.

Kvaraceus, W. C., and Hayes, E. N., eds.
If Your Child Is Handicapped.
Boston, Porter Sargent, 1969

A collection of articles by parents of handicapped children, describing their feelings, fears, experiences, coping strategies, and joys.

Splaver, S.
Your Handicap: Don't Let It Handicap You.
New York: Julian Messner, 1974

A book addressed to young disabled people, offering advice on getting the most from life.

Wolf, B.
Don't Feel Sorry for Paul.
New York: J. B. Lippincott, 1974.

A well-written and beautifully illustrated (with photographs) book for young children. It describes a day in the life of a boy who uses several prostheses, showing how he is able to live a full life in spite of his handicap.

Professional and Service Organizations

Closer Look: National Information Center for the Handicapped 1201 16th Street, NW Washington, DC 20036	Offers advice regarding special services for handicapped children and youth; provides miscellaneous materials for parents; offers bibliographies on handicapping conditions for professionals; provides consultation, inservice training, and institutes for educators.
Council for Exceptional Children 1920 Association Drive Reston, VA 22091	A professional organization with state and local chapters and divisions concerned with specific handicapping conditions. Publishes a variety of educational materials; provides consultation, inservice training, and institutes for educators.
Cystic Fibrosis Foundation 3379 Peachtree Road, NE Atlanta, GA 30326	An organization concerned with cystic fibrosis and other lung diseases. Operates numerous medical centers; provides information on the medical and psychological aspects of the disability through books and pamphlets. Sponsors a Young Adult Program, which focuses on career development issues.
Mainstream, Inc. 1200 15th Street NW Washington, DC 20005	An organization formed to assist in the mainstreaming of disabled persons in education and employment. Organizes conferences, publishes a newsletter, and provides multimedia presentations to increase awareness of the needs and rights of handicapped people.
National Association of the Physically Handicapped 76 Elm Street London, OH 43140	A membership organization of physically handicapped persons sixteen and over. A self-help group whose purpose is to improve the social, economic, and physical welfare of all physically handicapped people.

National Easter Seal Society for Crippled Children and Adults 2023 West Ogden Avenue Chicago, IL 60612	A broad-based organization with state and local chapters. Publishes informational pamphlets, books, and bibliographies; state and local chapters offer direct services such as physical therapy.
National Spinal Cord Injury Foundation 369 Elliot Street Newton Upper Falls, MA 02164	Publishes books, films, and other materials of interest to handicapped people and professionals.
President's Committee on Employment of the Handicapped Washington, DC 20210	Publishes and distributes information on vocational guidance, job placement, and other employment-related topics.
Spina Bifida Association of America 343 South Dearborn Street, Suite 319 Chicago, IL 60604	Publishes information at the national level on medical and psychosocial factors, vocational guidance, and various aids through publications and filmstrips.
United Cerebral Palsy Association, Inc. 66 East 34th Street New York, NY 10016	An organization with numerous state and local chapters. Provides direct services such as counseling and occupational therapy. Issues publications, makes referrals, and offers consultations to school personnel.

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